



INTOXICATING LIQUOR – SPECIAL EVENT LIQUOR LICENSE APPLICATION

St. Louis County, Minnesota
Fee: Based on Area

TO THE COUNTY AUDITOR OF ST. LOUIS COUNTY, STATE OF MINNESOTA: For the purpose of obtaining a license under St. Louis County Ordinance No. 28, The undersigned respectfully makes application for such license and submits the following statement of facts as provided by law :

BUSINESS INFORMATION

| | | | |
|---|------------------------------|-------------------|----------------|
| Township or City (Where establishment is located) | | | |
| Applicant's Name | | Trade or DBA Name | |
| Business Address (Physical) | City (Physical) | State (Physical) | Zip (Physical) |
| Mailing Address | City (Mailing) | State (Mailing) | Zip (Mailing) |
| Business Phone Number | Business Fax Number | Parcel Code: | |
| Business e-mail | | Contact e-mail | |
| Minnesota Tax Identification # | Federal Tax Identification # | Manager's Name | |

The following information is required for Applicants, Partners, or Corporate Officers: Attach additional sheet(s), if necessary.

| | | | | | |
|---------------------------------|-------------------|------------------|-------|-------|-----|
| Full Name (First, Middle, Last) | | Resident Address | City | State | Zip |
| Date of Birth | Social Security # | Home/Cell Phone | Title | | |
| Full Name (First, Middle, Last) | | Resident Address | City | State | Zip |
| Date of Birth | Social Security # | Home/Cell Phone | Title | | |
| Full Name (First, Middle, Last) | | Resident Address | City | State | Zip |
| Date of Birth | Social Security # | Home/Cell Phone | Title | | |

APPLICATION QUESTIONS

Beginning / Ending Date of event (Event cannot be more than four consecutive days):

Please list the time(s) for each day of the event:

Describe the event:

APPLICATION QUESTIONS

Describe health measures to be taken:

Explain the security measures to be taken:

Description of extended sale / service area (Diagram is Required):

STATEMENT OF UNDERSTANDING

As a license holder under St. Louis County Ordinance No. 28 and Minnesota Statute Chapter 340A, I understand that, I understand and agree to comply with all provisions of this application and the requirements of the issuing authority, and will ensure that all alcohol sales will cease at 1:00 a.m. A liquor license is a privilege, granted by the St. Louis County Board of Commissioners. It is the license holder's responsibility to familiarize themselves and their employees of the laws governing the sale/service of alcohol.

I have read and agree to the statements above. **I agree**

ST. LOUIS COUNTY ORDINANCE NO. 28

I have read and understand St. Louis County Ordinance No. 28. I further understand that any sale of liquor in or from any place licensed under this Ordinance or any other act that violates this Ordinance by any clerk, barkeeper or other employee in such place shall be deemed the act of the employer as well as that of the person actually making the sale or committing the act. The licensee shall be liable for all penalties provided by this Ordinance for such sale equally with the person actually making the sale.

I have read and agree to the statements above. **I agree**

SIGNATURE

By submitting this application, I certify under the penalty of perjury that statements made in this application are true and inclusive to the best of my knowledge. I am authorized to execute the foregoing instrument for the purpose of obtaining a license under St. Louis County Ordinance No. 28. I acknowledge that the County of St. Louis, Minnesota, reserves the right to examine supporting documentation and information provided here. Incorrect or incomplete information is considered to be willfully fraudulent and is subject to legal recourse including fines and/or license suspension or revocation.

I have read and agree to the statements above. **I agree**

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor.

I agree **I disagree**

Applicant Signature:

Date: